VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 5, 2015

Ms. Ashley Hudson, Manager
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 6, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0129	A. BUILDING: _____ B. WING _____	10/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS CARE HOME, INC	135 SOUTH MAIN STREET NORTHFIELD, VT 05663

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 10/6/15. The findings include the following:	R100		
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by the Registered Nurse (RN) Administrator, the facility failed to ensure that the admission assessment was completed for 1 of 6 residents reviewed within 14 days of admission. For Resident #2, the findings include the following: Per medical record review of the admission assessment for Resident #2, dated 1/20/15, has the following sections incomplete: Section F2, #1. Sections 4a and 4b. Sections 5a and 5b. Section F3, #1. Section F4, #1, #2, #3 and #4. Section F5, #1. Section G1, #1b. Section G5, #1. Section G7, #1. Section H3, #1. Section I1, #3 and #4. Seciton K3, #1. Section K6, #1 and #2. Per interview with the RN Administrator	R134	Please see attached plans of correction.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca Duchesneau TITLE: DNS/Nurse Manager (X6) DATE: 11/4/15

R134 + R145 POC's accepted 11/4/15 pmcotarn

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R134	Continued From page 1 confirmation is made that the admission assessment is incomplete.	R134		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to update the written plan of care for 2 of 6 residents reviewed describing the care and services necessary to assist the resident in maintaining independence and well being. For Residents #1 and #2 the findings include the following: 1. Per medical record review, Resident #1 was admitted on 11/21/14. As per interview with the RN Director of Nurses (DNS), Resident #1's physical condition deteriorated to the point that the physician directed staff to begin Hospice (end of life) services with the home health agency. Hospice services began on 6/24/15 and continued through 8/22/15. The Home Health Agency discontinued services for Resident #1, for s/he was no longer required Hospice care. Per interview with the RN DNS, confirmation is made that the current Care Plan for Resident #1	R145		

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R145	Continued From page 2 dated 6/17/15 identifies that the resident was approved by the physician for hospice. The services were discontinued on 8/22/15. The care plan has not been updated to reflect the change. 2. Per medical record review for Resident #2, who was initially admitted on 1/13/15, staff notes identify that the resident was transported to the the physician's office on 5/20/15 for evaluation, followed by a 10 day stay in the acute care hospital. S/he then was transferred to a skilled nursing home for rehabilitation for 19 days and on June 18, 2015 returned to the Community Care Home. Per medical record review and confirmed by interview with the RN DNS, after a twenty-nine (29) day Leave of Absence (LOA), the current care plan dated 5/1/15 does not reflect any changes that occurred.	R145		

We believe that the citations noted during the recent survey are in part related to both the Administrator and DNS both having their hands in the day to day operations, as well as all aspects of nursing care. Because of this, we will be clearly defining our roles so that each team member knows exactly what their responsibilities are and will have the ability to clearly identify where any future potential "problems" may lie.

R134-

It was noted that res. #2's admission assessment was incomplete in the resident's record. This assessment was completed prior to the surveyor completing her inspection.

Previously we did not have a fail-safe measure implemented to ensure that all assessments found within the medical record were completed. We have now put into practice 2 procedures (in addition to identifying job duties, as mentioned above); 1-Assessments will be held by the RN until completed & signed. 2-Once the assessment has been deemed completed by the RN, all staff responsible for filing will now additionally be required to ensure that any document set to be filed is completed to its entirety (signed by the physician, nurse, all parts are complete, etc.).

The DNS & Administrator will both be responsible to monitor compliance.

R145-

Despite the fact that each of these care plans reflected an accurate & up to date depiction of both residents needs, it was noted by the surveyor that 2 residents care plans were not "updated" in a timely manner. Both care plans were reviewed and noted as updated on 10/5 & 10/6.

We recognize two areas needing improvement. 1-Nursing made the unfortunate mistake of haven hand written on the care plan, updates/changes noted but did not include the dates of those notations. In going forward we will not only date each time something new is noted on the care plan but also sign & date at the bottom, the last time the care plan was reviewed. 2-In resident #2, despite her care needs not changing (left the Four Seasons independent, returned independent) in her 29 days absence, we neglected to indicate on the care plan that no changes occurred. Although this was noted in the nursing notes, in going forward, we will make certain to notate not only anytime a care plan is reviewed but also be sure that anytime a resident experiences; a change in condition, hospitalization, rehab stay, etc. that the care plan has been reviewed and dated (regardless as to whether any changes have occurred or not).

The DNS & Administrator will both be responsible to monitor compliance.

11/4/15 [signature]